ABSTRACT

Problem Statement: In an effort to decrease the number of resuscitation events on medical-surgical units, the use of an acuity tool that incorporated the American Association of Critical Care Nurses (AACN)'s Synergy Framework intervention was studied over a three-month period. This framework aligns patient clinical care needs with nursing care workload indicators. Patients on medical-surgical units are vulnerable for delayed recognition of physiological deterioration. Therefore, they are at increased risk of incurring a resuscitation event. Volume-based nurse staffing does not take into account the necessity of nursing care that is individualized to the patient needs. The American Heart Association-Get With the Guidelines ®, as part of the national Focus on Quality Program, requires hospitals to report resuscitation event occurrences.

Purpose: To implement the Chiulli, Thompson, & Reguin-Hartman Acuity Tool in order to decrease the number of resuscitation event occurrences on an Orthopedic/Neurology unit.

Method: To utilize a quasi-experimental, non-randomized, quality improvement project implemented on a 32-bed Orthopedic/Neurology Unit over a three-month period, comparing resuscitation event occurrences with the use of the Chiulli, Thompson, & Reguin-Hartman Acuity Tool with the group's performance without the acuity tool.

Analysis: Data analysis utilized Chi-square test-for-independence, with a 2x2 contingency table, for variance of the number of patient resuscitation event occurrences with and without utilization of the Chiulli, Thompson, & Reguin-Hartman Acuity Tool. For the sake of analysis, data examined and combined the three months before and after the use of the Chiulli, Thompson, & Reguin-Hartman Acuity Tool. When compared to the three months that the Chiulli, Thompson, & Reguin-Hartman Acuity Tool was employed, it yielded a 1% difference, with a 33% relative risk reduction.

Significance: According to the results, there appears to be no statistical significance; however there is support for clinical significance. The use of the Chiulli, Thompson, & Reguin-Hartman Acuity Tool demonstrated a significant decrease in the number of occurrences from nine to two to zero for each successive month of the project.

Conclusion: While the Chiulli, Thompson, & Reguin-Hartman Acuity Tool did not demonstrate statistical significance, there was clinical significance to support the use of an acuity tool based on objective patient clinical severity and nursing care workload indices to improve patient outcomes and reduce resuscitation event occurrences on the Orthopedic/Neurology Unit.